DLN: 93493011011101 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax**

Form	ac	an a	Return of Organization Exempt From	Inco	ome	Tax	-	OMB No. 1545-0047		
Form (IJ	,0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code ➤ Do not enter social security numbers on this form as it ma	e (exce	pt priva	ate foundati	ions)	2019		
Departi Treasui	у		► Go to <u>www.irs.gov/Form990</u> for instructions and the I	atest i	nforma	ation.		Open to Public Inspection		
		enue Service	 alendar year, or tax year beginning 04-01-2019 , and ending 03-31	-2020						
		pplicable:	C Name of organization	. 2020		D Employe	r identi	fication number		
		change	ADVOCATES FOR YOUTH			52-1173				
□ Nai		_	Doing business as			32-11/3	350			
☐ Init		turn n/terminated	Doing business as							
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/sui	te		E Telephone	e numbe	r		
□ Арі	olicati	on pending	1325 G STREET NW NO 980			(202) 41	19-3420)		
			City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005			G Gross rec	eipts \$ 9	9.961.571		
			F Name and address of principal officer:	H(a)	Is this	a group ret		, ,		
			DEBRA HAUSER 1325 G STREET NW NO 980	()		dinates?	u	□Yes ☑ No		
			WASHINGTON, DC 20005	H(b)		subordinate	es	☐ Yes ☐No		
I Tax	(-exe	mpt status:	☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		include If "No.		st. (see	instructions)		
J W	ebsit	te:► WW	/W.ADVOCATESFORYOUTH.ORG	H(c)		exemption	•	•		
K Forn	n of o	rganization	: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year o	of forma	tion: 1980	M State	of legal domicile: DC		
Da	ırt I	Sum	mary							
Га			scribe the organization's mission or most significant activities:							
eu			III, LINE 1.							
<u>۔</u>										
Ĕ										
Governance			is box $lacktriangle$ if the organization discontinued its operations or disposed of m	ore tha	n 25%	of its net as		1		
			of voting members of the governing body (Part VI, line 1a)	• •			3	21		
~ Se			4	21						
Ě		Total nun	5 6	42						
Activities &		Total number of volunteers (estimate if necessary)						140		
4								0		
	D	Net unrei	ated business taxable income from Form 990-T, line 39		Deid	or Year	7b	Current Year		
	R	Contribut	ions and grants (Part VIII, line 1h)		PIR	4,466,5	61	9,735,046		
Ę			service revenue (Part VIII, line 2g)			104,1	_	198,276		
Raveni			ent income (Part VIII, column (A), lines 3, 4, and 7d)			61,2		26,682		
œ			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			•	49	1,567		
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,632,0		9,961,571		
			nd similar amounts paid (Part IX, column (A), lines 1–3)			601,3	_	301,772		
			paid to or for members (Part IX, column (A), line 4)			,-	0	0		
S			other compensation, employee benefits (Part IX, column (A), lines 5–10)			3,763,0	65	3,801,065		
ıse			nal fundraising fees (Part IX, column (A), line 11e)				0	0		
Expenses	b	Total fundr	raising expenses (Part IX, column (D), line 25) ▶402,556							
ವ	17	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		3,825,1	85	3,383,933			
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)			8,189,5	87	7,486,770		
	19	Revenue	less expenses. Subtract line 18 from line 12			-3,557,5	38	2,474,801		
26.S				Beg	inning	of Current Ye	ear	End of Year		
Net Assets or Fund Balances		Tabalas	che (Dark V. line 16)	-		0.630.1	60	10 100 070		
Ass 1 Ba			ets (Part X, line 16)	-		8,639,1		10,106,970		
ĕ .₩			ilities (Part X, line 26)	-		4,326,3		4,020,175		
		_	s or fund balances. Subtract line 21 from line 20			4,312,7	/ 5	6,086,795		
	rt II Den		ature Block erjury, I declare that I have examined this return, including accompanying	schedul	es and	statements	, and to	the best of my		
			f, it is true, correct, and complete. Declaration of preparer (other than offic							

any knowledge

Sign
Here

Sign	Signature of officer	Date					
Here	DEBRA HAUSER PRESIDENT Type or print name and title						
Paid	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN P00288314		
Preparer		Firm's name ► GELMAN ROSENBERG & FREEDMAN					
Use Only	Firm's address ► 4550 MONTGOME	RY AVE SUITE 800N		Phone no. (301) 951-9090		

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

BETHESDA, MD 208142930

Phone no. (301) 951-9090

☑ Yes ☐ No

Form	990 (2019)					Page 2								
Pa	rt III Statemer	nt of Program Serv	ice Accomplis	hments										
	Check if Sc	hedule O contains a res	sponse or note to a	any line in this Part III .		🗹								
1	Briefly describe the	e organization's mission	n:	•										
HEAL	TH INFORMATION;		FORDABLE SEXU		ECOGNIZE YOUNG PEOPLE'S THE RESOURCES & OPPORTU	RIGHTS TO HONEST SEXUAL NITIES NECESSARY TO								
2	_	, -	îcant program ser	vices during the year whic	ch were not listed on									
	the prior Form 990	🗌 Yes 🗹 No												
	•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program.												
3	Did the organization cease conducting, or make significant changes in how it conducts, any program													
	services?	services?												
	If "Yes," describe t	hese changes on Sche	dule O.											
4	Section $501(c)(3)$		itions are required	to report the amount of	rgest program services, as m grants and allocations to othe									
4a	(Code:) (Expenses \$	1,821,703	including grants of \$	44,000) (Revenue \$	55,317)								
	See Additional Data													
4b	(Code:) (Expenses \$	1,610,339	including grants of \$	489) (Revenue \$	119,979)								
	See Additional Data													
4c	(Code:) (Expenses \$	957,694	including grants of \$	37,050) (Revenue \$)								
	See Additional Data													
	See Additional Dat	a Table												
4d		rvices (Describe in Sch	•											
	(Expenses \$	1,849,405 ii	1,849,405 including grants of \$ 220,233) (Revenue \$ 58,											
4e	Total program se	ervice expenses 🕨	6,239,1	41										

16

17

18

19

Yes

Yes

Form **990** (2019)

Nο

Nο

Nο

Nο

No

15

16

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18

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20a

20b

21

Form	990 (2019)			Page 3
Par	TIV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III 💆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D,</i> Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1 '	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
	· · · · · · · · · · · · · · · · · · ·	$\overline{}$	$\overline{}$	

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

foreign organization? If "Yes," complete Schedule F, Parts II and IV 💆

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Form	990 (2019)			Page 4
Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

84

0

1c

Yes

01111	Ctatamenta Recording Other IDC Filings and Tay Compliance (continued)			rage 3
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Par	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI									
Se	ction A. Governing Body and Management									
			Yes	No						
1a		21								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b	21								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	on 3		No						
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .									
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No						
6	Did the organization have members or stockholders?	6		No						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?	e 7a		No						
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following:	У								
а	The governing body?	8 a	Yes							
b	Each committee with authority to act on behalf of the governing body?	8b	Yes							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O									
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	9 nue Code	e.)	No						
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		No						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes							
13	Did the organization have a written whistleblower policy?	13	Yes							
14	Did the organization have a written document retention and destruction policy?	14	Yes							
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Yes							
b	Other officers or key employees of the organization	15b		No						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No						
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?									
	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AL , AR , CA , FL , GA , IL , KS , KY , MD , NJ , NM , NY , NC , OR , PA , SC , TN , U			MS,						
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.									
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►KATHLEEN FARRELL 1325 G STREET NW SUITE 980 WASHINGTON, DC 20005 (202) 419-3420									

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any nei													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estimat amount of compensa from th organizatio related	nated of other nsation n the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		, ,		ated	
	See Additional Data Table												
													—
													—

	below dotted line)	dividual trustee director	stitutional Trustee	ficer	y employee	ghest compensated iployee	rmer:	 . 1335)	organizations
See Additional Data Table									

1b Sub-Total				•		
c Total from continuation sheets to Pa	rt VII, Section	Α.		- ▶		
d Total (add lines 1b and 1c)				- ▶	1,054,222	

С	Sub-Total	0		118,838				
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10								
			Yes	No				
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.							

_	Total from continuation sheets to Part VII, Section A	0		118,838
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 10			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		,,	
		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	npensa	icioni			
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.					
S	ection B. Independent Contractors					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes			
	line 1a? If "Yes," complete Schedule J for such individual	3		No		

	line 1a? If Yes, complete Schedule J for such individual		3		No		
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensorganization and related organizations greater than \$150,000? If "Yes," complete Schedule J individual	for such	4	Yes			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organizate services rendered to the organization? If "Yes," complete Schedule J for such person		5		No		
Se	ction B. Independent Contractors						
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.						
	(A)	(B)		(C			
	Name and business address	Description of services		Compen	sation		
BERLI	N ROSEN	MEDIA/COMMUNICATIONS			225,352		

5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received r from the organization. Report compensation for the calendar year ending with or within the or		ensatio	on
	(A)	(B)		(C)
	Name and business address	Description of services	С	ompensation
BERL	IN ROSEN N	MEDIA/COMMUNICATIONS		225,352
	AIDEN LANE SUITE 1600 YORK, NY 10038			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 1					
			Form 990 (2019)		

orm 9- Part		Statement	of F	Pevenue						Page 9
raii	VIII				respo	onse or note to any	line in this Part VIII			🗆
					•		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10	18	a Federated campa	igns		1 a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts		b Membership due:	s .	. [1 b					
<u>ور</u>	'	c Fundraising even	ts .	. [1c					
ifts, ar A	'	d Related organiza	tions	; [1 d					
., e	'	e Government grants	(con	tributions)	1e	780,815				
ions r Si	1	f All other contribution and similar amounts			1f	8,954,231				
but the	١,	above g Noncash contribution	ns in	cluded in		<u>, , , </u>				
a E		lines 1a - 1f:\$		L	1 g	2,160,094				
<u>ರ ೯</u>		h Total. Add lines	1a-1	f	•	•	9,735,046			
						Business Code	183,254	183,254		
a	2a	PROGRAM SERVICE F	EES			900099	103,234	103,234		
Program Service Revenue	b	PUBLICATIONS				900099	15,022	15,022		
æ						-				+
vice	C									
Set	d									
Iran										
P	е									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				198,276			1	
		Investment income similar amounts)		luding divide		nterest, and other		2		26,682
	4	Income from invest	men	t of tax-exer	npt b	ond proceeds	•			
	5	Royalties	<u>.</u>			•	•			
				(i) Rea	1	(ii) Personal				
		Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	c	Net rental income		(loss)			_			
				(i) Securi	ties	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses								
	С	Gain or (loss)	7c							
	c	Net gain or (loss)	•							
<u>a</u>	8a	Gross income from fu (not including \$	ındrai	ising events of						
E		contributions reported See Part IV, line 18								
Other Revenue	b	Less: direct expen			8a 8b					
her		: Net income or (los			ng ev	ents				
	0-	Gross income from	aami	ing activities						
	Ja	See Part IV, line 19			9a					
		Less: direct expen			9b					
	C	: Net income or (los	s) fr	om gaming a	activit	ies >				
	10	aGross sales of inve	entor	y, less						
		returns and allowa			10a					
		Less: cost of good			10ь					
	_	Net income or (los Miscellaneo			invent	Business Code				
	11	•aMISCELLANEOUS				90009	1,567	7		1,567
	b									
	C	i								
	,	All other revenue								
		Total. Add lines 1				•				
	12	: Total revenue. S	ee ir	structions .			1,567			
							9,961,571	. 198,276	1	0 28,249

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	. All other organizatio	ns must complete co	lumn (A).
Check if Schedule O contains a response or note to a	ny line in this Part IX			🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	235,042	235,042		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	66,730	66,730		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	434,565	166,037	215,668	52,860
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,829,106	2,376,400	229,643	223,063
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	100,932	84,824	8,298	7,810

9 Other employee benefits . .

12 Advertising and promotion .

13 Office expenses .

15 Royalties .

17 Travel .

16 Occupancy .

23 Insurance .

14 Information technology

20 Interest

expenses on Schedule O.)

a TRAINING MATERIALS

b DUES & PUBLICATIONS

d REGISTRATION FEES

e All other expenses

c NON-CAPITALIZED EQUIP.

(A) amount, list line 11g expenses on Schedule O)

18 Payments of travel or entertainment expenses for any federal, state, or local public officials .

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
Check here ► ☐ if following SOP 98-2 (ASC 958-720).

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

21 Payments to affiliates

g Other (If line 11g amount exceeds 10% of line 25, column

10 Payroll taxes . .

b Legal .

c Accountingd Lobbying

202,774

233,688

5,276

65,871

1,427,215

147,353

135,672

33,982

455,636

514,205

302,616

31,127

11,989

104,652

67,947

25,798

24,827

29,767

7,486,770

174,689

182,451

1,731

1,369,553

136,737

68,912

26,168

313,767

501,900

293,739

25,193

103,240

64,772

6,037

20,182

21,023

6,239,141

14

12,020

31,752

3,545

65,857

53,626

10,598

56,283

2,014

102,383

5,153

7,882

1,474

11,989

1,412

1,311

19,761

552

3,852

845,073

16,065

19,485

4,036

10,477

5,800

39,486

7,152

995

4,460

1,864

4,093

4,892

402,556

Form **990** (2019)

18

Form 990 (2019)

1

2 3

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 67.969

8.512

38,802

204,411

3,325,109

8,639,160

3,849,209

4.326.381

355,451

3,957,328

4,312,779

8,639,160

477,172

5

6 7

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

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31

32

33

Page **11**

150

2,667,726

4,161,345

17,472

7.593

8,452

173,284

3,070,948

10,106,970

458,371

3,561,804

4.020.175

365,995

5,720,800

6,086,795

10,106,970

Form 990 (2019)

Check if Schedule O contains a response o	or note to ar	ny line in this Part IX	

	Beginning of year		End of year
Cash-non-interest-bearing	150	1	
Savings and temporary cash investments	2,953,110	2	2,
Pledges and grants receivable, net	2,041,097	3	4,

243,774

70,490

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

Assets Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a 10b

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 .

11 12 13 Investments—program-related. See Part IV, line 11

14 Intangible assets .

Other assets. See Part IV, line 11 . . .

15 16

Tax-exempt bond liabilities . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 18

Grants payable . 19 Deferred revenue . . .

Form	990 (2019)				Page 12
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		۵	961,571
2	Total expenses (must equal Part IX, column (A), line 25)	2			486,770
3	Revenue less expenses. Subtract line 2 from line 1	3			474,801
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			312,779
5	Net unrealized gains (losses) on investments	5			.512,775
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			700,785
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
_	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6	.086,795
	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				П
	Check it Schedule o contains a response of note to any line in this rat Air	· ·	•	Yes	No No
	Accounting method used to prepare the Form 990:				
1	Accounting method used to prepare the Form 990:				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3a	Yes	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2019)

3b Yes

Additional Data

Software ID:

Software Version: **EIN:** 52-1173590

Name: ADVOCATES FOR YOUTH

Form 990 (2019)

Form 990, Part III, Line 4a: YOUTH EMPOWERMENT: ADVOCATES TRAINS THOUSANDS OF YOUTH ACTIVISTS EACH YEAR TO SERVE AS ADVOCATES AND LEADERS IN THE PROGRESSIVE MOVEMENT. ADVOCATES HELPS THESE EMERGING LEADERS TO SHIFT CULTURAL NARRATIVES AND IMPROVE POLICY AND PRACTICE AT THE LOCAL AND STATE LEVELS, CENTERING THE HEALTH AND RIGHTS OF YOUTH FROM MARGINALIZED COMMUNITIES.

SEX EDUCATION: ADVOCATES IS AT THE FOREFRONT OF EFFORTS TO ENSURE THAT YOUNG PEOPLE HAVE ACCESS TO HONEST AND HIGH QUALITY SEX EDUCATION. ADVOCATES' OPEN-SOURCE, LGBT-INCLUSIVE K-12TH GRADE CURRICULUM, "RIGHTS, RESPECT, RESPONSBILITY", IS USED IN MORE THAN 100 SCHOOL DISTRICTS

ACROSS THE U.S., REACHING MORE THAN 2.5 MILLION STUDENTS, ADVOCATES PARTNERS WITH TWO ORGANIZATIONS ON AMAZE, ORG., AN INNOVATIVE SERIES OF

CLASSROOMS. STAFF PROVIDES CAPACITY-BUILDING ASSISTANCE AND TRAINING FOR SCHOOL DISTRICTS ACROSS THE COUNTRY.

ALSO OFFERS A VIRTUAL CLASSROOM AS AN INNOVATIVE OPTION TO TRAIN TEACHERS FROM THEIR OWN COMPUTER TO IMPLEMENT QUALITY SEX EDUCATION IN THEIR

ANIMATED VIDEOS COVERING PUBERTY AND TOPICS FOR YOUNG PEOPLE, AGES 10-14, THEIR PARENTS AND EDUCATORS, AFTER SUCCESSFUL TESTING, ADVOCATES

Form 990, Part III, Line 4b:

Form 990, Part III, Line 4c: HIV/AIDS PREVENTION: ADVOCATES IS A LONGSTANDING LEADER OF HIV/AIDS PREVENTION WORK, ADVOCATES SUCCESSFULLY ADVOCATED FOR THE ADDITION OF GENDER EXPRESSION AND TRANSGENDER QUESTIONS ON THE CDC'S NATIONAL YOUTH RISK BEHAVIOR SURVEY; BUILT THE CAPACITY STATE EDUCATION AGENCIES TO DEVELOP AND IMPLEMENT SUSTAINABLE EXEMPLARY SEXUAL HEALTH EDUCATION AND PROVIDE SEXUAL HEALTH SERVICES TO CONTRIBUTE TO REDUCTIONS IN HIV

INFECTION AND OTHER STIS AMONG ADOLESCENTS; AND CREATED A TOOLKIT OF BEST PRACTICES FOR MENTORING YOUTH LIVING WITH HIV ENTERING ADULT CARE

TO ENSURE CONTINUITY OF CARE.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and	4947(a)(1) trusts are requi	ired to report the amount	of grants and allocations to
others, the total expenses, and revenue, if an	y, for each program service	reported.	

(Code:) (Expenses \$	806,902	including grants of \$	50,000) (Revenue \$)
DUDLIC AFFAIRS					

(Code:) (Expenses \$	806,902	including grants of \$	50,000) (Revenue \$)
PUBLIC AFFAIRS					

(Code:) (Expenses \$	806,902	including grants of \$	50,000) (Revenue \$)
UBLIC AFFAIRS					

JBLIC AFFAIRS					
(Code.) (Exhelises à	000,902	including grants or \$	30,000) (Revenue \$,

JBLIC AFFAIRS				
(Code:) (Expenses \$	576,214 including grants of \$	103,500) (Revenue \$)

ADOLESCENT SEXUAL HEALTH SERVICES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

	others, the total expenses, and revenue, if any, for each program service reported.
- 1	

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to

PUBLIC INFORMATION SERVICES

(Code:) (Expenses \$	441,980	including grants of \$	66,730) (Revenue \$	38,450)
INTERNATIONAL PROGRAMS					

INTERNATIONAL PRO	OGRAMS				
(Code:) (Expenses \$	24 309 i	including grants of \$	3) (Revenue \$	19 975)

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

ı	,					,	′	(1)	(1)		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JAMILA PERRITT CHAIR	2.00	Х		х				0	0	0	
GARRETT MIZE VICE CHAIR	1.00	Х		х				0	0	0	
FRED SHERMAN TREASURER	0.50	Х		х				0	0	0	
KIRIN GUPTA SECRETARY	0.50	Х		х				0	0	0	
ALLISON AGWU	0.30	V									

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DIRECTOR

DEBORAH ARINDELL

CARMEN BERKLEY

JULIE BERNSTEIN

NAINA DHINGRA

KIMBERLY HOOVER

.......

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

and Independent Contractors

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours							Organization	organizations	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
ANTOINETTE JONES DIRECTOR (BEG. 09/19)	0.30	х						0	0	0	
ERIN KENNEDY DIRECTOR (BEG. 09/19)	0.30	х						0	0	0	
CARLY MANES DIRECTOR	0.30	х						0	0	0	
ADRIAN NAVA	0.30							0	0	0	

0

0

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0

0

CARLY MANES	0.30	X				
DIRECTOR		Λ.				
ADRIAN NAVA	0.30	v				
DIRECTOR		^				
STEVE NORTH	0.30					
		X	l		1	

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and Independent Contractors

DIRECTOR (BEG. 09/19)

JUDY SENDEROWITZ

MONICA RAYE SIMPSON

DIRECTOR (BEG. 09/19)

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

MAMTA SINGHVI

HEATHER SMITH

HECTOR SANCHEZ-FLORES

......

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless hours per compensation compensation amount of other person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

219,465

134,912

157,608

152,014

142,116

0

0

0

0

0

0

27,864

25,302

9,532

10,197

24,353

0.30

40.00

40.00

40.00

40.00

40.00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	411, 10415	u u	u un		, , c.	asccc,	'	(14, 2,4,000	(14/ 3/4000	annonimation and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
VALERIE TARICO DIRECTOR	0.30	Х						0	0	0	
KATHLEEN ADAMS DIRECTOR (THROUGH 09/19)	0.30	Х						0	0	0	
OSE ARHEGHAN DIRECTOR (THROUGH 05/19)	0.30	Х						0	0	0	
SHEREEN EL FEKI DIRECTOR (THROUGH 09/19)	0.30	X						0	0	0	

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DIRECTOR (THROUGH 05/19)
SHEREEN EL FEKI
DIRECTOR (THROUGH 09/19)
ROBIN ELLIOTT

DIRECTOR (THROUGH 09/19)

PRESIDENT/EXECUTIVE DIRECTOR

VP STRAT. PARTNERSHIPS (UNTIL 05/19)

......

VP, ORGANIZATIONAL DEVELOPMENT

DIV DIR, ADOL. SEXUAL HEALTH SVCS

DEBRA HAUSER

KATHLEEN FARRELL

.......

AIMEE THORNE-THOMSEN

VP, FINANCE & ADMIN

JENNIFER AUGUSTINE

LAURA DAVIS

and Independent Contractors

and Independent Contractors (C)
Position (do not check more than one box, unless **(D)** Reportable (A) Name and Title

DIV DIR, INT'L YOUTH HEALTH & RIGHTS

	week (list any hours for related organizations below dotted line)	emj Httuti		ctor/trustee) Former Highest employe)	from the organization (W- 2/1099- MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
		al trustee or	onal Trustee		loyee	compensated e				
PARIS MOORE DIRECTOR, DEVELOPMENT	40.00					х		126,612	0	7,637
NICOLE CHEETHAM	40.00									

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(F)

Estimated amount of other

13,953

Reportable

compensation

compensation

121,495

efil	efile GRAPHIC print - DO NOT PROCESS			DLN: 9	3493011011101			
SCI	HED	ULE A	Dublia	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the	e organization is a sect 4947(a)(1) nonexe ▶ Attach to Form	tion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 00-EZ.	a section	2019
		f the Treasury	► Go to <u>www.</u>	<u>irs.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	he organiza FOR YOUTH	tion				Employer identific	ation number
							52-1173590	
	rt I		for Public Charity St a private foundation beca				See instructions.	
1	n garnz		onvention of churches, or	•	•		(A)(i)	
2		,	,					
			scribed in section 170(l		,	, ,		
3		·	or a cooperative hospital s	-			•	
4	Ш	name, city,	esearch organization ope and state:	rated in conjunction with	a hospital descri	ibed in section :	1/U(b)(1)(A)(III). E	nter the hospital's
5			ation operated for the ber (iv). (Complete Part II.)	nefit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government	or governmental unit de	escribed in sectio	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receive $\mathbf{0(b)(1)(A)(vi)}$.		s support from a	governmental ι	init or from the gener	al public described in
8			ty trust described in sect	•	(Complete Part I	I.)		
9			ural research organization ant college of agriculture					ege or university or a
10		from activit	ation that normally receivites related to its exempt income and unrelated busies section 509(a)(2).	functións—subject to cer Isiness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	upport from gross
11		An organiza	ation organized and opera	ated exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and opera ly supported organization through 12d that describ	ns described in section 5	509(a)(1) or se	ction 509(a)(2). See <mark>section 509(</mark> a	
a		Type I. A so	supporting organization on n(s) the power to regular Part IV, Sections A and	perated, supervised, or c ly appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization s nt of the supporting orga plete Part IV, Sections	supervised or controlled i nization vested in the sar				
c		Type III f	unctionally integrated. organization(s) (see instru	A supporting organizatio				ited with, its
d		Type III n	on-functionally integra integrated. The organiza i). You must complete I	ited. A supporting organ	ization operated	in connection wi	th its supported organ	
e		Check this	box if the organization re or Type III non-functiona	ceived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizatio		_			
g	Provi	de the follow	ing information about the	supported organization((s).			
	(i) N	Name of supp organization		(iii) Type of organization (described on lines 1- 10 above (see instructions))	rganization in your governing document? monetary support (see instructions)		(vi) Amount of other support (see instructions)	
					Yes	No		
			I					
Tota			tion Act Notice, see the		Cat. No. 11285		 Schedule A (Form 9	

2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,069,728	8,632,331	9,476,922	3,765,774	9,699,602	37,644,357
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,965,072
6	Public support. Subtract line 5 from line 4.						21,679,285
_:	Section B. Total Support	·					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7		6,069,728	8,632,331	9,476,922	3,765,774	9,699,602	37,644,357
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,904	5,712	17,353	61,229	26,682	117,880
9							

,	ection b. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	6,069,728	8,632,331	9,476,922	3,765,774	9,699,602	37,644,357
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,904	5,712	17,353	61,229	26,682	117,880
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital	1.619	1.000		149	1.567	4.335

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

16a 33 1/3% support test-2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2018 Schedule A, Part II, line 14

Section C. Computation of Public Support Percentage

)	ection b. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	6,069,728	8,632,331	9,476,922	3,765,774	9,699,602	37,644,357
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,904	5,712	17,353	61,229	26,682	117,880
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,619	1,000		149	1,567	4,335
11	Total support. Add lines 7 through 10						37,766,572
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	812,099

14

15

Schedule A (Form 990 or 990-EZ) 2019

57.400 %

67.720 %

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)							
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)							
S	tne organization falls to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)			
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)	
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not include any "unusual grants.").							
2	Gross receipts from admissions,							
	merchandise sold or services							
	performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose							
3	Gross receipts from activities that are							
	not an unrelated trade or business							
4	under section 513 Tax revenues levied for the							
•	organization's benefit and either paid							
_	to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
L	3 received from disqualified persons Amounts included on lines 2 and 3							
D	received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line 13 for the year.							
c	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
	from line 6.)							
Se	ection B. Total Support		1				Г	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
С	Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included in line 10b,							
	whether or not the business is regularly carried on.							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,							
13	11, and 12.).							
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>	
	check this box and stop here						▶ ⊔	
	ection C. Computation of Public S			! (6))		1 1		
15	Public support percentage for 2019 (lin		•			15		
16	Public support percentage from 2018 S	-	<u> </u>			16		
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17		
17 10	Investment income percentage for 201	-		-		17		
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not	
	more than 33 1/3%, check this box and s							
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the							
ט	not more than 33 1/3%, check this box	-			•		_	
20		-	-					
	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 🗌							

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the henefit of any supported organization other than the supported organization(s) that	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
2				
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O			. Part VIV See			
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1					
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1 b					
C	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by .035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6					

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(iii) Distributable Amount for 2019		
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

7 Total annual distributions. Add lines 1 through 6.						
Distributions to attentive supported organizations to who details in Part VI). See instructions						
9 Distributable amount for 2019 from Section C, line 6	9 Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount						
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1 Distributable amount for 2019 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2019:						
a From 2014						
b From 2015						
c From 2016						

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
 Carryover from 2014 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
Total of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
7 Excess distributions carryover to 2020. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
b Excess from 2016		
c Excess from 2017		

Schedule A (Form 990 or 990-EZ) (2019)

d Excess from 2018.

e Excess from 2019.

Additional Data

Software ID: Software Version:

EIN: 52-1173590

Name: ADVOCATES FOR YOUTH

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493011011101

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** ADVOCATES FOR YOUTH 52-1173590 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? 4a ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committe	ee (PAC). If additional space is needed, p	provide informatio	n in Part IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

51.900

52,699

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)	(b))
ctivi		Yes	No	Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	76 H = 61				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on	
	,	(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	s N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	i N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?		 [Yes 1 2 3	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 (5), o	 r secti	Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? tiii-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	 (5), o	 r secti	Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	 r secti	Yes 1 2 3 on 501(
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	(5), o III-A	 r secti	Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	(5), o IIII-A 1 2a 2b 2c 3	 r secti	Yes 1 2 3 on 501(
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(

Explanation

SCHEDULE D

DLN: 93493011011101

OMB No. 1545-0047

2019

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,

(Form 990)

	nent of the Treasury Revenue Service	Part IV, line 6, 7, 8, 9, 1 ► Go to <u>www.irs.gov/Forn</u>	► Attach to Form 9	90.			pen to Public Inspection
	ne of the organ				Emp	oloyer identifica	tion number
ADVC	OCATES FOR YOUT	н			52-1	173590	
Par		izations Maintaining Donor Advi			or Acc	counts.	
	Comple	ete if the organization answered "Ye			ı	(I-) F	l
1 7	Total number at	end of year	(a) Donor	advised funds		(b) Funds and ot	ner accounts
		of contributions to (during year)					
		of grants from (during year)					
		eat end of year					
5	Did the organiz	ation inform all donors and donor adviso property, subject to the organization's ex				funds are the	☐ Yes ☐ No
	charitable purp private benefit?	ation inform all grantees, donors, and do oses and not for the benefit of the donor '	or donor advisor, or	for any other purpose			☐ Yes ☐ No
Part		rvation Easements. ete if the organization answered "Ye	s" on Form 990 P	art IV line 7			
1		onservation easements held by the organ					
•		on of land for public use (e.g., recreation	•	Preservation of a	n histor	ically important la	and area
		of natural habitat	Tor education)	_		d historic structur	
	_			Preservation of a	cerune	a mistoric structur	е
		on of open space					
		2a through 2d if the organization held a le last day of the tax year.	qualified conservatio	n contribution in the fo	rm of a		nd of the Year
		conservation easements			2a	neid at the L	na or the real
		estricted by conservation easements			2b		
	_	ervation easements on a certified histori			2c		
d	Number of cons	ervation easements included in (c) acquin the National Register		` '	2d		
	Number of constax year ▶	servation easements modified, transferre	d, released, extingui	shed, or terminated by	the or	ganization during	the
4	Number of state	es where property subject to conservation	on easement is locate	d ▶			
		ization have a written policy regarding that is the conservation easements it holds			of viola	– ations, 	s 🗆 No
_	Staff and volun	teer hours devoted to monitoring, inspec	ting handling of viol	ations and enforcing o	oncerv		
0	>		J. J				· ,
-	Amount of expe	enses incurred in monitoring, inspecting,	handling of violation	s, and enforcing conse	rvation	easements during	g the year
		servation easement reported on line 2(d) O(h)(4)(B)(ii)?			170(h)(4)(B)(i) ☐ Ye	s 🗆 No
	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the orga			atement, and	о <u> </u>
Part		izations Maintaining Collections ete if the organization answered "Ye			ner Si	milar Assets.	
	art, historical tr provide, in Part	tion elected, as permitted under SFAS 11 reasures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, ed ocial statements that	ucation, or research in describes these items.	further	ance of public ser	vice,
	historical treasu	ion elected, as permitted under SFAS 11 ures, or other similar assets held for pub nts relating to these items:					
(i)) Revenue includ	ded on Form 990, Part VIII, line 1				▶ \$	
(ii)	Assets included	d in Form 990, Part X					
2	If the organizat	ion received or held works of art, histori nts required to be reported under SFAS	cal treasures, or othe	r similar assets for fina			
	_	ed on Form 990, Part VIII, line 1	,	_		. ▶\$	
		in Form 990, Part X					

Par	rt IIII Organizations Maintaining C	ollections of Art,	Histori	cal T	reası	ires, or Oth	ner Similar As	sets (conti	nued)	
3	Using the organization's acquisition, access items (check all that apply):	sion, and other records	s, check	any of	the fo	llowing that a	re a significant u	se of its coll	ection	
а	Public exhibition		d		Loan	or exchange	programs			
b	Scholarly research		e		Othe	r				
C	Preservation for future generations									
4	Provide a description of the organization's Part XIII.	collections and explain	how the	ey furtl	ner the	e organization	's exempt purpos	se in		
5	During the year, did the organization solici assets to be sold to raise funds rather than							☐ Yes		lo
Pa	rt IV Escrow and Custodial Arrang Complete if the organization an X, line 21.		orm 990	, Part	IV, li	ne 9, or rep	orted an amou		990,	Part
1a								Yes	□ N	lo
b	If "Yes," explain the arrangement in Part X	III and complete the f	followina	table:			Ar	nount		_
c	, ,	,	_			1c	1			_
d	<u> </u>					1d				_
е										_
f										_
2 a							nt liability?	Yes	□ N	— lo
b	If "Yes," explain the arrangement in Part X	III. Check here if the ϵ	explanati	ion has	been	provided in P	art XIII			
Pa	art V Endowment Funds.									
	Complete if the organization ar									
4 -	Davinning of very belows	(a) Current year	(b) P	rior yea	ır	(c) Two years b	oack (d) Three yea	rs back (e) F	our yea	ars back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2 a	Provide the estimated percentage of the cu Board designated or quasi-endowment >	,	e (line 1	g, colu	mn (a)) held as:				
h										
c										
C	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%								
За		'	ation that	t are h	eld an	d administere	d for the			
	organization by:	-							Yes	No
	(i) unrelated organizations			•				3a(i)		
	(ii) related organizations				•			3a(ii)		<u> </u>
	If "Yes" on 3a(ii), are the related organizated Describe in Part XIII the intended uses of the second secon				. ·			3b		<u> </u>
4			Jwillent 1	unus.						
Pa	Land, Buildings, and Equipm Complete if the organization an		rm 990	Part	TV. li	ne 11a. See	Form 990. Par	t X. line 10) .	
	Description of property (a) Cost or (invest	other basis (b) Cos	st or other				ted depreciation		ook valu	ıe
_										
	Land									
	Buildings									
	Leasehold improvements				77,001		15,230			61,771
d	Equipment			16	56,773		55,260			111,513
е	Other									

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

173,284

	Investments—Other Securities.				Page 3
Pait VII	Complete if the organization answered "Yes" on Form 990, P	Part IV, li	ine 11t	See Form 990, I	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value			d of valuation: -year market value
(1) Financia	al derivatives				
(2) Closely- (3)Other	held equity interests				
(A)					
(B)					
(C)					_
(D)					
(E)					_
(F)					_
(G)					
(H)					
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII) > r+ T\/ i	ino 11 <i>c</i>	Soo Form 000	Part V line 12
	Complete if the organization answered 'Yes' on Form 990, P (a) Description of investment	art IV, II	ine 110	(b) Book value	(c) Method of valuation:
	(2)			(4) 22311 14111	Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990, Pa	art IV, lir	ne 11d	. See Form 990, Pai	t X, line 15.
(1)DEPOSIT	(a) Description				(b) Book value 107,716
	F USE ASSET				2,963,232
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	umn (b) must equal Form 990, Part X, col.(B) line 15.)				3,070,948
	Other Liabilities.	•	•		3,0,0,540
	Complete if the organization answered 'Yes' on Form 990, Pa (a) Description of liability	art IV, lir	ne 11e	or 11f.See Form	990, Part X, line 25. (b) Book value
1. (1) Federal	income taxes				(b) book value
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnote	e to the o	rganizat	▶ ion's financial state	3,561,804
	of differential tax positions. In Part AIII, provide the text of the footbook is liability for uncertain tax positions under FIN 48 (ASC 740). Check h				_

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Page 4

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XI

4b b Add lines **4a** and **4b** 4c C 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 9,961,571 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1

Total expenses and losses per audited financial statements 7,486,770 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a 2b Prior year adjustments Other losses 2c C 2d d Other (Describe in Part XIII.) . . .

Add lines 2a through 2d . 2e Subtract line 2e from line 1 3 7,486,770 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a

3 4 4b b Add lines **4a** and **4b** 4c 5 5 7,486,770

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information

Part XIII Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 52-1173590

Name: ADVOCATES FOR YOUTH

Return Reference Explanation FOR THE YEAR ENDED MARCH 31, 2020, ADVOCATES HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND

PART X, LINE 2:

Supplemental Information

HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493011011101 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** ADVOCATES FOR YOUTH 52-1173590 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments region and independent fundraising, program specific type of in the region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) See Add'l Data 163.983 3a Sub-total . b Total from continuation sheets to Part I . . . 163,983 c Totals (add lines 3a and 3b)

Sched	lule F (Form 990)	2019							Page 2
Part				nizations or Entities ceived more than \$5,0					on Form 990,
	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH ASIA	STRENGTHEN THE CAPACITY OF COMMUNITY BASED ORGANIZATIONS IN PAKISTAN TO ADVANCE THE RIGHTS OF SEXUAL AND GENDER MINORITY YOUTH.		WIRE TRANSFERS			
<u> </u>			SOUTH ASIA	STRENGTHEN THE	35,090	WIRE TRANSFERS	<u> </u>		

	STRENGTHEN THE CAPACITY OF COMMUNITY BASED ORGANIZATIONS IN PAKISTAN TO ADVANCE THE RIGHTS OF SEXUAL AND GENDER MINORITY YOUTH.	,	WIRE TRANSFERS		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	ule F (Form 990) 2019		Page 4
Par	Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	□Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	□Yes	☑ No
	• • • • •	∟ res	INO
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) .	Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	• •	∐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form	\square_{\vee}	
	5713; don't file with Form 990)	∐ Yes	✓ No

Schedule F (Form 990) 2019 Page 5
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
990 S ched	lule F, Supplemental Information
Return Reference	Explanation
PART I, LINE 2:	STAFF WORKS CLOSELY WITH THE SEED GRANT RECIPIENTS TO MONITOR PROGRESS, PROVIDE TECHNICAL ASSISTANCE AND ADVICE, AND TRAIN THE RECIPIENTS' STAFF AND YOUTH CONSTITUENTS. STAFF HOLDS REGULAR TELEPHONE CALLS WITH THE SEED GRANTEES, COMMUNICATES REGULARLY WITH THEM VIA EMAIL, AND CONDUCTS AT LEAST ONE SITE VISIT A YEAR. IN ADDITION, SEED

990 Schedule F, Supplemental Information Return Reference Explanation

PART III ACCOUNTING METHOD:

Additional Data

Software ID: **Software Version:**

EIN: 52-1173590

Name: ADVOCATES FOR YOUTH

Form 990 Schedule F Par	t I - Activities	Outside The U	Inited States		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted	(e) If activity listed in (d)	(f) Total expenditures

(3)	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		66,730
SOUTH ASIA	0	0		TRAININGS AND TECHNICAL ASSISTANCE TO BUILD NGO CAPACITY TO ADVANCE THE RIGHTS OF SEXUAL AND GENDER MINNORITY YOUTH IN PAKISTAN.	97,253

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No. 1545-0047

DLN: 93493011011101

Open to Public

Freasury Internal Revenue Service		▶ Go to <u>wu</u>	<i>vw.irs.gov/Form</i> 990 for	the latest information	on.		
Name of the organization						Employer identifi	cation number
ADVOCATES FOR YOUTH						52-1173590	
Part I General Inf	ormation on Grants	and Assistance				•	
the selection criteria u	used to award the grants	or assistance?			for the grants or assistance	e, and	☑ Yes ☐ No
			se of grant funds in the U		1.05		
			and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, IIn	e 21, for any recipient
(a) Name and address of organization or government	of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
							8

Department of the

Page **2**

Schedule I (Form 990) 2019

(2)

(3) (4)

Schedule I (Form 990) 2019

PART I, LINE 2:

(5) (6) (7)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

> STAFF WORKS CLOSELY WITH THE SEED GRANT RECIPIENTS TO MONITOR PROGRESS, PROVIDE TECHNICAL ASSISTANCE AND ADVICE, AND TRAIN THE RECIPIENTS' STAFF AND YOUTH CONSTITUENTS. STAFF HOLDS REGULAR TELEPHONE CALLS WITH THE SEED GRANTEES, COMMUNICATES REGULARLY WITH THEM VIA EMAIL, AND

CONDUCTS AT LEAST ONE SITE VISIT A YEAR. IN ADDITION, SEED GRANTEES MUST SUBMIT INTERIM AND FINAL REPORTS OF THEIR ACCOMPLISHMENTS.

Explanation Return Reference

Additional Data

URGE

600

734 15TH STREET NW SUITE

WASHINGTON, DC 20005

		Software ID:					
		Software Version:	•				
		EIN:	52-1173590				
		Name:	ADVOCATES FOR Y	OUTH			
Form 990,Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domesti	ic Governments.		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POWER TO DECIDE 1776 MASSACHUSETTS AVENUE NW 200	52-1974611	501(C)(3)	15,000				SUPPORT YOUNG PEOPLE WITH THE FREE THE PILL CAMPAIGN

15,000

AND ADVOCATE FOR THE AVAILABILITY OF ORAL CONTRACEPTIVES OVER-THE-COUNTER.

SUPPORT YOUNG

THE PILL CAMPAIGN

AND ADVOCATE FOR THE AVAILABILITY OF ORAL CONTRACEPTIVES OVER-THE-COUNTER.

PEOPLE WITH THE FREE

WASHINGTON, DC 20036

52-1772575

501(C)(3)

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 52-2033353 501(C)(3) 15.000l SUPPORT YOUNG MIKVA CHALLENGE 200 S MICHIGAN AVENUE PEOPLE WITH THE FREE **SUITE 1000** THE PILL CAMPAIGN CHICAGO, IL 60604 AND ADVOCATE FOR

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

TEEN HEALTH MISSISSIPPI 82-2026676 501(C)(3) 20,000 RECRUIT, TRAIN AND SUSTAIN A 10-MEMBER SUITE 1224

TEEN HEALTH MISSISSIPPI
125 S CONGRESS STREET
SUITE 1224
JACKSON, MS 39201

82-2026676

501(C)(3)

20,000

RECRUIT, TRAIN AND
SUSTAIN A 10-MEMBER
STATE YOUTH
LEADERSHIP COUNCIL
AND ASSIST WITH
EXPANDING A STATE
YOUTH ACTIVIST
NETWORK.

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) HOUSTON INDEPENDENT 74-6001255 GOVERNMENT 9.000 CONDUCT SEXUAL SCHOOL DISTRICT HEALTH EDUCATION 4400 W 18TH STREET ACTIVITIES WITH HOUSTON, TX 77092 ITECHNICAL ASSISTANCE FROM IADVOCATES.

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

DEVELOP FORMAL LINKAGES AND REFERRAL SYSTEMS.

EL RIO COMMUNITY HEALTH 86-0285857 501(C)(3) 35.000 l INCREASE ACCESS TO CENTER REPRODUCTIVE HEALTH 839 W CONGRESS STREET SERVICES AMONG TUCSON, AZ 85745 YOUTH IN CRISIS AGES 14 - 24 LIVING IN TUCSON BY PARTNERING WITH NINE YOUTH SERVING ORGANIZATIONS TO

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) INTERNATIONAL RESCUE 13-5660870 501(C)(3) 40,000 ADDRESS THE SPECIFIC CHALLENGES AND COMMITTEE 2305 PARKLAKE DRIVE NE INFEDS FACED BY SUITE 100 REFUGEE YOUNG ATLANTA, GA 30345 PEOPLE AGES 18 TO 24 BY DEVELOPING. IMPLEMENTING AND

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

AND/OR SOCIAL SERVICE AGENCIES.

TESTING AN EVIDENCE-BASED STRATEGY TO IMPROVE CONTRACEPTIVE ACCESS. 501(C)(3) 22,500 DEVELOP CHILDREN'S NATIONAL 52-1640403 REFERRAL/LINKAGE MEDICAL CENTER 801 ROEDER ROAD SUITE 500 MODELS BETWEEN

SILVER SPRING, MD 20910 HEALTH CENTERS AND YOUTH SERVING ORGANIZATIONS

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49301	1011	101
Sch	nedule J	Co	mpensat	ion Information	0	MB No.	1545-0	0047
(Forr	m 990)		Compensa anization answ	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV, n to Form 990.		20	19)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest inform	mation.	Open (to Pul ectio	
Nar	ne of the organiz				Employer identifica			
ADV	OCATES FOR YOUTH	1			52-1173590			
Pa	rt I Questi	ons Regarding Compensa	tion		32 11,3330			
							Yes	No
1 a				f the following to or for a person liste ly relevant information regarding the				
	First-class	s or charter travel		Housing allowance or residence for	personal use			
		companions	님	Payments for business use of perso				
		nification and gross-up payments		Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	teur, chet)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all	1-3	2		
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked on Lir	ie la?			
3	organization's C	EO/Executive Director. Check all	l that apply. Do i	ed to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	✓ Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
		of other organizations	\checkmark	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a	Yes	
b		· ·		lified retirement plan?		4b	, , ,	No
С	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	olicable amounts for each item in Part	t III.			
	Only 501 (-)(2) F01(-)(4)4 F01(-)(20)						
5), 501(c)(4), and 501(c)(29)	_	the organization pay or accrue any				
•		ontingent on the revenues of:		the organization pay or accrue any				
а	The organization	1?				5a		No
b						5b		No
	If "Yes," on line	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b	, -					6b		No
	· ·	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa	the organization provide any nonfixed it III	d 	7	Yes	
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No
9				presumption procedure described in		9		140
For F	Panerwork Redu	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule 3	(Forn	990)	2019

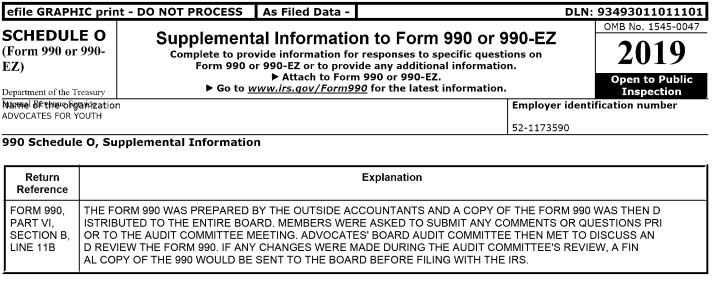
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

(A) Name and Title			dividual must equal the to of W-2 and/or 1099-MISO		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			(B)(i)-(D)	column (B) reported as deferred on prior Form 990
L DEBRA HAUSER PRESIDENT/EXECUTIVE	(i)	219,465	0	0	11,518	16,346	247,329	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
KATHLEEN FARRELL /P, FINANCE & ADMIN	(i)	134,912	0	0	7,487	17,815	160,214	0
in, minutes a rior in	(ii)	0	0	0	0	0	0	0
AIMEE THORNE-THOMSEN /P STRAT. PARTNERSHIPS		57,001	0	100,607	2,670	6,862	167,140	0
UNTIL 05/19)	(ii)	0	0	0	0	0	0	0
JENNIFER AUGUSTINE /P, ORGANIZATIONAL	(i)	149,514	2,500	0	7,666	2,531	162,211	0
DEVELOPMENT	(ii)	0	0	0	0	0	0	0
LAURA DAVIS DIV DIR, ADOL. SEXUAL	(i)	142,116	0	0	7,752	16,601	166,469	0
EALTH SVCS	(ii)	0	0	0	0	0	0	0
	+							
	+							
	_							
	+							

Schedule J (Form 990) 2019 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation PART I, LINE 4A AIMEE THORNE-THOMSEN RECEIVED A SEVERANCE PAYMENT OF \$100,607. PART I, LINE 7 JENNIFER AUGUSTINE RECEIVED A BONUS OF \$2,500. Schedule 1 (Form 990) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493011011101 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** ADVOCATES FOR YOUTH 52-1173590 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures **3** Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 1 2,160,094 FMV 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a No **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

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is reporting in Part I, colu	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.			
Return Reference	Explanation			
PART I, COLUMN (B):	THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.			
	Schedule M (Form 990) (2019)			



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A COPY OF THE CONFLICT OF INTEREST STATEMENT IS FURNISHED TO EACH DIRECTOR, OFFICER AND ST AFF MEMBER WHO IS PRESENTLY SERVING THIS ORGANIZATION, OR WHO MAY BECOME ASSOCIATED WITH I T. THE POLICY IS REVIEWED ANNUALLY FOR THE INFORMATION AND GUIDANCE OF DIRECTORS, OFFICERS OR STAFF MEMBERS; AND ANY NEW DIRECTORS, OFFICERS OR STAFF MEMBERS ARE ADVISED OF THE POLICY UPON UNDERTAKING THE DUTIES OF SUCH OFFICE. THE PERSON CONCERNED DISCLOSES ANY ACTUAL OR APPARENT CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO THE MATTER REQUIRING ACTION BY THE BOARD OF DIRECTORS, THE INTERESTED PERSON CALLS IT TO THE ATTENTION OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE) AND SUCH PER SON DOES NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT RETIRES FROM THE ROM IN WHICH THE BOARD (OR ITS COMMITTEE) IS MEETING AND DOES NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THAT PERSON DOES PROVIDE THE BOARD OR COMMITTEE WITH ANY AND ALL RELEVANT INFORMATION. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION AND VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS (OR ITS COMMITTEE) EXCLUDING THE PERSON CONCERNING WHOSE SITUATION THAT DOUBT HAS ARISEN.

Return Reference	Explanation
,	THE BOARD PERSONNEL COMMITTEE EVALUATES THE PRESIDENT'S PERFORMANCE. AS PART OF THAT PROCE SS, COMMITTEE MEMBERS CONSIDER SALARY INFORMATION FROM COMPARABLE NONPROFIT ORGANIZATIONS AS WELL AS THE PRESIDENT'S PREDECESSOR AT ADVOCATES. THE COMMITTEE PRESENTS ITS RECOMMENDA TION FOR COMPENSATION TO THE FULL BOARD OF DIRECTORS AT THE SPRING MEETING. THE BOARD MEET S IN EXECUTIVE SESSION TO DISCUSS AND APPROVE THE PROPOSED COMPENSATION. THE DECISION IS D OCUMENTED IN A MEMORANDUM TO THE BOARD. THE LAST COMPENSATION REVIEW TOOK PLACE IN MARCH 2 020.

Return Explanation
Reference

FORM 990, ADVOCATE'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR A NOMINAL FEE (IF ANY) TO OFFSET THE COSTS OF COP SECTION C, LINE 19

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CREATIVE SERVICES: PROGRAM SERVICE EXPENSES 346,756. MANAGEMENT AND GENERAL EXPENSES 0. FU NDRAISING EXPENSES 0. TOTAL EXPENSES 346,756. SPEAKER FEES/HONORARIUM: PROGRAM SERVICE EXP ENSES 11,695. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 11,695. CONSULTANT FEES: PROGRAM SERVICE EXPENSES 1,005,914. MANAGEMENT AND GENERAL EXPENSES 53,626. FUNDRAISING EXPENSES 4,036. TOTAL EXPENSES 1,063,576. TRANSLATION FEES: PROGRAM S ERVICE EXPENSES 5,188. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 5,188.

Return Reference	Explanation
8, PRIOR PERIOD	ADVOCATES FOR YOUTH ADOPTED ASU 2018-08, "CLARIFYING THE SCOPE AND ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE", DURING THE CURRENT YEAR. AS A RESULT, A T OTAL OF \$700,787 THAT HAD PREVIOUSLY BEEN RECOGNIZED AS CONTRIBUTIONS IN A PRIOR YEAR WERE REMOVED, REDUCING THE BEGINNING BALANCE OF NET ASSETS WITH DONOR RESTRICTIONS. SCHEDULE A , PART II, SECTION A, FOR 2018 HAS BEEN REDUCED BY THE SAME AMOUNT.